

<i>SERFF Tracking Number:</i>	<i>AEGB-125650017</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39078</i>
<i>Company Tracking Number:</i>	<i>CRT02 0408; CRT03 0408</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>CRT02 0408; CRT03 0408</i>		
<i>Project Name/Number:</i>	<i>CRT02 0408; CRT03 0408/Critical Illness Accelerated Death Benefit Rider</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: CRT02 0408; CRT03 0408

TOI: L04I Individual Life - Term

Sub-TOI: L04I.500 Other

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: AEGB-125650017

SERFF Status: Closed

Co Tr Num: CRT02 0408; CRT03 0408

Co Status:

Author: Stephanie Mara

Date Submitted: 05/21/2008

State: ArkansasLH

State Tr Num: 39078

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/28/2008

Disposition Status: Approved

Implementation Date:

General Information

Project Name: CRT02 0408; CRT03 0408

Project Number: Critical Illness Accelerated Death Benefit Rider

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/28/2008

State Status Changed: 05/28/2008

Corresponding Filing Tracking Number: CRT02 0408; CRT03 0408

Filing Description:

CRT02 0408 - Critical Illness Accelerated Death Benefit Rider

CRT03 0408 - Critical Illness Accelerated Death Benefit Rider

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Concurrently Submitted

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

May 20, 2008

SERFF Tracking Number: AEGB-125650017 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 39078
Company Tracking Number: CRT02 0408; CRT03 0408
TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
Product Name: CRT02 0408; CRT03 0408
Project Name/Number: CRT02 0408; CRT03 0408/Critical Illness Accelerated Death Benefit Rider

Commissioner of Insurance

Arkansas Department of Insurance

1200 West Third Street

Little Rock, AR 72201-1904

Attn: Policy Examination Division (Individual Life)

Re: TRANSAMERICA LIFE INSURANCE COMPANY

NAIC: 468-86231, FEIN: 39-0989781

CRT02 0408 – Critical Illness Accelerated Death Benefit Rider

CRT03 0408 – Critical Illness Accelerated Death Benefit Rider

Dear Sir/Madam:

Please find attached copies of the above referenced forms. These forms are submitted in final printed form in which they will be distributed to Insureds. These forms are subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures. These forms are also being filed for our sister companies of Life Investors Insurance Company of America, Monumental Life Insurance Company, Western Reserve Life Assurance Co. of Ohio, and Stonebridge Life Insurance Company.

Critical Illness Accelerated Death Benefit Rider (CRT02 0408) - If the owner elects this rider, we will pay an Accelerated Death Benefit upon the Insured's diagnosis of a covered condition as defined by the rider. The issue ages for this rider are, ages 18-55 for term periods 10, 15, 20, ages 18-50 for 30 year term non tobacco and ages 18-45 for a 30 year term tobacco. The minimum benefit amount is \$10,000 and the maximum benefit amount is 50% of the base policy face amount but no greater than \$100,000 for any policy. This rider will be used with policy form TL03 1005 AR, which was approved by your Department on October 19, 2005 and policy form TL05 0107 AR, which was approved by your Department on April 10, 2007.

Critical Illness Accelerated Death Benefit Rider (CRT03 0408) - If the owner elects this rider, we will pay an Accelerated Death Benefit upon the Insured's diagnosis of a covered condition as defined by the rider. This rider will be attached to our term products that provide a Return of Premium feature. This rider provides for the potential effects of accelerated benefits on policy and loan values in these policy forms. The issue ages for this rider are, ages 18-55 for

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term periods 10, 15, 20, ages 18-45 for 30 year term non tobacco and ages 18-40 for a 30 year term tobacco. The minimum benefit amount is \$10,000 and the maximum benefit amount is 50% of the base policy face amount but no greater than \$100,000 for any policy. This rider will be used with policy form TL04 0906 AR, which was approved by your Department on April 17, 2008 and policy form TL06 0107 AR, which was approved by your Department on April 10, 2007.

We would appreciate your review and approval of these forms.

Sincerely,

TRANSAMERICA LIFE INSURANCE COMPANY

Stephanie Mara
Policy Analyst
Contract Development
Ph: (319) 355-8202 (collect)
Fax: 319-355-2501
smara@aegonusa.com

Company and Contact

Filing Contact Information

Stephanie Mara, Policy Analyst smara@aegonusa.com
4333 Edgewood Rd. NE (319) 355-8202 [Phone]
Cedar Rapids, IA 52499 (319) 355-2501[FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
4333 Edgewood Road, NE	Group Code: 468	Company Type:
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 398-7888 ext. [Phone]	FEIN Number: 39-0989781	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$40.00
Retaliatory?	No
Fee Explanation:	\$20/form x 2 forms = \$40.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$40.00	05/21/2008	20434506

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/28/2008	05/28/2008

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Disposition

Disposition Date: 05/28/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Disclosure Form		Yes
Supporting Document	Flesch Score		Yes
Form	Critical Illness Accelerated Death Benefit Rider		Yes
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Product Name: CRT02 0408; CRT03 0408

Project Name/Number: CRT02 0408; CRT03 0408/Critical Illness Accelerated Death Benefit Rider

Form Schedule

Lead Form Number: CRT02 0408; CRT03 0408

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	CRT02 0408	Policy/Cont Critical Illness ract/Fratern Accelerated Death al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	CRT02 0408 T.pdf
	CRT03 0408	Policy/Cont Critical Illness ract/Fratern Accelerated Death al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	CRT03 0408 T.pdf



TRANSAMERICA LIFE INSURANCE COMPANY

A Stock Company

Home Office located at: Cedar Rapids, Iowa

Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499

(Hereafter called the Company, we, our or us) (319) 355-8511

CRITICAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

THE POLICY'S BENEFITS AND VALUES, AS WELL AS ANY BENEFITS AND VALUES PROVIDED BY AFFECTED RIDERS, WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID. BENEFITS AND VALUES (IF APPLICABLE) INCLUDE WITHOUT LIMITATION: DEATH BENEFITS, POLICY VALUES, AND INDEBTEDNESS. PAYMENT OF AN ACCELERATED DEATH BENEFIT MAY HAVE TAX CONSEQUENCES AND MAY ALSO AFFECT ELIGIBILITY FOR MEDICAID OR OTHER GOVERNMENT BENEFITS AND ENTITLEMENTS. YOU MAY WANT TO CONSULT YOUR PERSONAL TAX ADVISOR.

This Rider is attached to and made part of Your Policy, as of the Rider Effective Date. It provides that You may receive a one (1)-time accelerated death benefit payment up to the Benefit Amount when You provide proof that the Insured has been Diagnosed with a Covered Condition while the Policy and this Rider are In Force, subject to the terms and conditions of this Rider. This Rider is subject to all of the Policy's provisions that do not conflict with this Rider's provisions.

DEFINITIONS

In addition to the definitions contained in the Policy, the following definitions apply to this Rider:

Benefit Amount means the amount shown on the Policy Specification Page as the Amount for this Rider.

Covered Condition means one (1) of the conditions defined below:

1. **Myocardial Infarction (Heart Attack)** means the death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply. Diagnosis must be based on the occurrence of all of the following during the period of Hospital Confinement for the condition: 1. Prolonged chest pain; 2. New EKG changes consistent with a Myocardial Infarction; and 3. Elevation of cardiac enzymes to levels that the American Medical Association finds consistent with a Diagnosis of a Myocardial Infarction. Myocardial Infarction does not include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous Myocardial Infarction. The Diagnosis of Myocardial Infarction must be made by a Physician who is a board-certified cardiologist or internist.
2. **Stroke** means a cerebrovascular incident caused by hemorrhage, embolism or thrombosis producing a measurable neurological deficit, persisting continuously for at least thirty (30) days following the occurrence of the Stroke. The Diagnosis of Stroke must be made by a Physician who is a board-certified neurologist. For purposes of coverage under this Rider, Stroke does not include:
 - a. Neurological symptoms due to transient ischemic attacks.
 - b. Cerebral symptoms due to migraine.
 - c. Cerebral injury resulting from trauma or hypoxia.
 - d. Vascular disease affecting the eye, optic nerve, and vestibular function.

3. Life-threatening Cancer means a malignant neoplasm (including hematological malignancy) characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal tissue, which is not hereafter specifically excluded. The Diagnosis of Life-Threatening Cancer must be made by a Physician who is a board-certified specialist acting within his or her specialty and supported by histological evidence of malignancy and confirmed by one or more pathological specimens. For purposes of coverage under this Rider, Life-threatening Cancer does not include:

- a. All skin cancers with the exception of invasive melanoma. An invasive melanoma is one that is classified as Clark Level II or higher or has a thickness measured in excess of 1.0 mm.
- b. Tumors in the presence of HIV.
- c. Carcinoma in situ (such as cervical dysplasia).
- d. Benign tumors or polyps that are histologically described as pre-malignant or non-malignant (such as intraepithelial neoplasia).
- e. Non-life threatening cancers (such as early prostate cancer diagnosed as T1NOMO or equivalent staging or papillary micro cancer of the thyroid or bladder).
- f. Stage one (1) Hodgkin's disease.

4. End-stage Renal Disease means the chronic and irreversible failure of both of the kidneys which requires treatment with regular dialysis or transplantation. The Diagnosis of End-stage Renal Disease must be made by a Physician who is a board certified nephrologist.

5. Major Organ Transplant means either of the following:

- a. The actual undergoing of transplantation in the United States due to clinical evidence of Major Organ Failure that requires the malfunctioning organ of the Insured to be replaced with an organ from a suitable donor other than the Insured under generally accepted medical procedures. A transplant must be performed by a Physician who is board-certified in a specialty that deals principally with the treatment of the condition that is being treated by the transplant; or,
- b. The Insured demonstrates Major Organ Failure and is registered with and on the waiting list of the United Network for Organ Sharing or its recognized successor for a human to human replacement of the failing organ.

The organs covered under the definitions of Major Organ Transplant are limited to the entire heart, the liver, a lung, a kidney, the pancreas or bone marrow. For purposes of coverage under this Rider, Major Organ Transplant does not include a transplant involving an artificial or non-human organ or tissue.

6. Accidental Paralysis/Paraplegia means the total, irrecoverable, and permanent loss of use of two (2) or more limbs through neurological damage, which is the result of an accidental injury. Paralysis must exist for a continuous period of at least 180 days from the time Paralysis begins, and be Diagnosed by a legally qualified Physician who is a board certified neurologist. A limb means a complete arm (below the shoulder) or complete leg (below the hip) of the Insured.

Paralysis that is the result of any disease or disorder is not eligible for a benefit payment under this Rider.

Diagnosis means the identification by a Physician of the existence of a Covered Condition through the use of clinical and/or laboratory findings.

Hospital Confinement means assigned to a hospital bed located within a licensed hospital.

Major Organ Failure means clinical evidence of disease or injury to a covered organ that is, by generally accepted medical standards, sufficient to require human to human replacement of the entire organ.

Physician means any person bearing the designation of Medical Doctor (M.D.) or Doctor of Osteopathy practicing within the scope of his or her license issued by the jurisdiction in the United States in which such person's services are rendered. Physician does not include:

1. You, the Insured, or an Immediate Family Member,
2. a person who lives with You, the Insured, or an Immediate Family Member,
3. a person in the same medical practice as You, the Insured, or an Immediate Family Member, or
4. a business partner of You, the Insured, or an Immediate Family Member.

Immediate Family Member means a spouse; or natural, adoptive or step; child, parent, grandparent, grandchild, sibling, aunt or uncle of You or the Insured.

Pre-existing Condition means the existence of symptoms that would cause an ordinarily prudent person to seek medical consultation, advice or treatment within one (1) year immediately preceding the Rider Effective Date. Pre-existing Condition also means a condition for which medical consultation, advice or treatment was actually recommended by or received or sought from a Physician during the two (2) years immediately preceding the Rider Effective Date.

Rider Effective Date is the Policy Date.

Waiting Period means a period of 30 days in which the Insured must be continuously covered under this Rider after the Rider Effective Date or the last Reinstatement date of the Policy before becoming eligible for the Benefit Amount.

Rider Expiry Date means the date, shown on the Policy Specification Page, when this Rider Terminates and all benefits under this Rider cease.

BENEFITS

If the Insured has been Diagnosed with a Covered Condition while the Policy and this Rider are In Force, You may elect to receive a one (1)-time accelerated death benefit payment up to the Benefit Amount for this Rider. The elected benefit under this Rider will reduce the death benefit coverage provided by the Policy. The reduction in death benefit coverage will equal the elected benefit under this Rider. You may elect to receive only a portion of the Benefit Amount stated on the Policy Specification Page, in order to preserve more of the death benefit coverage. You must provide Proof of Claim of the Diagnosis of the Covered Condition. The benefit will be paid in a lump sum.

At the time any portion of the Benefit Amount is paid under this Rider, this Rider will Terminate.

LIMITATIONS AND EXCLUSIONS OF BENEFITS

We will not pay any elected benefit under this Rider for a Covered Condition that occurs during the first two (2) years after the Rider Effective Date, if the condition is defined as a Pre-existing Condition.

We will not pay any elected benefit under this Rider for a Covered Condition Diagnosed during the Waiting Period.

We will not pay any elected benefit for a Covered Condition that is caused by or occurs as a result of:

1. Intentionally self-inflicted injury, suicide or attempted suicide; or
2. Any act that was caused by war, declared or undeclared, or service in any of the armed forces; or
3. Participation in hazardous sports and/or activities; or
4. Participation in, or attempting to participate in, a felony, riot or insurrection; or

5. Participation in an illegal occupation, or
6. Intoxication or the voluntary use of any drug, whether legal or illegal, unless administered by a Physician and taken according to the Physician's instructions or the dosage directions.

PROOF OF CLAIM

Written notice of claim must be given to us at our Administrative Office. The written notice must include Your name and the Policy number. The written notice must be given to us within sixty (60) days after the Diagnosis or surgical treatment of a Covered Condition.

When we receive a written notice of claim, we will provide a claim form for You to use in filing proof of the nature and extent of the claim. This proof must be given to us within the time limit stated above. If we do not provide the claim form within fifteen (15) days after we receive written notice of claim, You need not use such claim form, if instead You give us written proof of the nature and extent of the claim. Whether or not our claim form is used, proof of claim includes copies of medical records and/or telephone consultations, as required, with the Physician(s) and/or providers of health care services. Failure to give us proof of claim within the time required shall not invalidate or reduce any claim if it was not reasonably possible to give proof of claim within such time. However, in no event except legal incapacity, will proof of claim be accepted later than one (1) year from the time proof of claim is required.

PHYSICAL EXAMINATION - We reserve the right to have a Physician of our choosing examine the Insured, at our expense, prior to paying a benefit under this Rider. If the Physician of our choice provides a Diagnosis that is different from the Diagnosis on which a claim is based, we reserve the right to rely on the Diagnosis provided by the Physician of our choice for claim purposes.

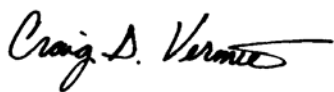
INCONTESTABILITY - This Rider is subject to the Incontestability provisions of the Policy. However, the contestable period shall, as far as this Rider is concerned, be measured from the Effective Date of this Rider.

PREMIUM - We reserve the right to change the premium rates applicable to this Rider after the first Policy Year. In the event of a change in the premium rates, such change will apply on a class basis and only to Premium becoming due on or after the effective date of such a change in Premium. A written notice will be sent to You at least thirty (30) days, or such other time period as required by Your state, prior to any change of Premium.

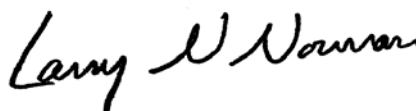
TERMINATION - This Rider will Terminate on the earliest of:

1. The Rider Expiry Date shown for this Rider on the Policy Specification Page; or
2. The date the Policy Terminates; or
3. The date when we receive a Written Request from You to Terminate this Rider or the Policy; or
4. The Policy Anniversary Date following the Insured's 65th birthday, or
5. The date any Accelerated Benefit is paid under the Policy or any attached Rider; or
6. The date of the Insured's death.

Signed for us at our Home Office.



SECRETARY



PRESIDENT



TRANSAMERICA LIFE INSURANCE COMPANY

A Stock Company

Home Office located at: Cedar Rapids, Iowa

Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499

(Hereafter called the Company, we, our or us) (319) 355-8511

CRITICAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

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 - a. Neurological symptoms due to transient ischemic attacks.
 - b. Cerebral symptoms due to migraine.
 - c. Cerebral injury resulting from trauma or hypoxia.
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- a. All skin cancers with the exception of invasive melanoma. An invasive melanoma is one that is classified as Clark Level II or higher or has a thickness measured in excess of 1.0 mm.
- b. Tumors in the presence of HIV.
- c. Carcinoma in situ (such as cervical dysplasia).
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- e. Non-life threatening cancers (such as early prostate cancer diagnosed as T1N0M0 or equivalent staging or papillary micro cancer of the thyroid or bladder).
- f. Stage one (1) Hodgkin's disease.

4. End-stage Renal Disease means the chronic and irreversible failure of both of the kidneys which requires treatment with regular dialysis or transplantation. The Diagnosis of End-stage Renal Disease must be made by a Physician who is a board certified nephrologist.

5. Major Organ Transplant means either of the following:

- a. The actual undergoing of transplantation in the United States due to clinical evidence of Major Organ Failure that requires the malfunctioning organ of the Insured to be replaced with an organ from a suitable donor other than the Insured under generally accepted medical procedures. A transplant must be performed by a Physician who is board-certified in a specialty that deals principally with the treatment of the condition that is being treated by the transplant; or,
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Physician means any person bearing the designation of Medical Doctor (M.D.) or Doctor of Osteopathy practicing within the scope of his or her license issued by the jurisdiction in the United States in which such person's services are rendered. Physician does not include:

1. You, the Insured, or an Immediate Family Member,
2. a person who lives with You, the Insured, or an Immediate Family Member,
3. a person in the same medical practice as You, the Insured, or an Immediate Family Member, or
4. a business partner of You, the Insured, or an Immediate Family Member.

Immediate Family Member means a spouse; or natural, adoptive or step; child, parent, grandparent, grandchild, sibling, aunt or uncle of You or the Insured.

Pre-existing Condition means the existence of symptoms that would cause an ordinarily prudent person to seek medical consultation, advice or treatment within one (1) year immediately preceding the Rider Effective Date. Pre-existing Condition also means a condition for which medical consultation, advice or treatment was actually recommended by or received or sought from a Physician during the two (2) years immediately preceding the Rider Effective Date.

Rider Effective Date is the Policy Date.

Waiting Period means a period of 30 days in which the Insured must be continuously covered under this Rider after the Rider Effective Date or the last Reinstatement date of the Policy before becoming eligible for the Benefit Amount.

Rider Expiry Date means the date, shown on the Policy Specification Page, when this Rider Terminates and all benefits under this Rider cease.

BENEFITS

If the Insured has been Diagnosed with a Covered Condition while the Policy and this Rider are In Force, You may elect to receive a one (1)-time accelerated death benefit payment up to the Benefit Amount for this Rider. The elected benefit under this Rider will reduce the death benefit coverage provided by the Policy. The reduction in death benefit coverage will equal the elected benefit under this Rider. You may elect to receive only a portion of the Benefit Amount stated on the Policy Specification Page, in order to preserve more of the death benefit coverage. You must provide Proof of Claim of the Diagnosis of the Covered Condition. The benefit will be paid in a lump sum.

Your Policy Values, shown in the Table of Policy Values, and Net Policy Values will be reduced by the elected benefit. Receipt of an elected benefit will also reduce Policy Value benefits, Endowment Benefits and NonForfeiture Options.

At the time any portion of the Benefit Amount is paid under this Rider, this Rider will Terminate.

LIMITATIONS AND EXCLUSIONS OF BENEFITS

If a Policy Loan is outstanding at the time You elect a benefit under this Rider, the lump sum You will receive will be the elected benefit minus the Policy Loan and any interest due. If the Policy Loan and interest due exceed the elected benefit, the entire benefit will be used to reduce the Policy Loan.

We will not pay any elected benefit under this Rider for a Covered Condition that occurs during the first two (2) years after the Rider Effective Date, if the condition is defined as a Pre-existing Condition.

We will not pay any elected benefit under this Rider for a Covered Condition Diagnosed during the Waiting Period.

We will not pay any elected benefit for a Covered Condition that is caused by or occurs as a result of:

1. Intentionally self-inflicted injury, suicide or attempted suicide; or
2. Any act that was caused by war, declared or undeclared, or service in any of the armed forces; or
3. Participation in hazardous sports and/or activities; or
4. Participation in, or attempting to participate in, a felony, riot or insurrection; or
5. Participation in an illegal occupation, or
6. Intoxication or the voluntary use of any drug, whether legal or illegal, unless administered by a Physician and taken according to the Physician's instructions or the dosage directions.

PROOF OF CLAIM

Written notice of claim must be given to us at our Administrative Office. The written notice must include Your name and the Policy number. The written notice must be given to us within sixty (60) days after the Diagnosis or surgical treatment of a Covered Condition.

When we receive a written notice of claim, we will provide a claim form for You to use in filing proof of the nature and extent of the claim. This proof must be given to us within the time limit stated above. If we do not provide the claim form within fifteen (15) days after we receive written notice of claim, You need not use such claim form, if instead You give us written proof of the nature and extent of the claim. Whether or not our claim form is used, proof of claim includes copies of medical records and/or telephone consultations, as required, with the Physician(s) and/or providers of health care services. Failure to give us proof of claim within the time required shall not invalidate or reduce any claim if it was not reasonably possible to give proof of claim within such time. However, in no event except legal incapacity, will proof of claim be accepted later than one (1) year from the time proof of claim is required.

PHYSICAL EXAMINATION - We reserve the right to have a Physician of our choosing examine the Insured, at our expense, prior to paying a benefit under this Rider. If the Physician of our choice provides a Diagnosis that is different from the Diagnosis on which a claim is based, we reserve the right to rely on the Diagnosis provided by the Physician of our choice for claim purposes.

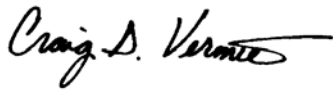
INCONTESTABILITY - This Rider is subject to the Incontestability provisions of the Policy. However, the contestable period shall, as far as this Rider is concerned, be measured from the Effective Date of this Rider.

PREMIUM - We reserve the right to change the premium rates applicable to this Rider after the first Policy Year. In the event of a change in the premium rates, such change will apply on a class basis and only to Premium becoming due on or after the effective date of such a change in Premium. A written notice will be sent to You at least thirty (30) days, or such other time period as required by Your state, prior to any change of Premium.

TERMINATION - This Rider will Terminate on the earliest of:

1. The Rider Expiry Date shown for this Rider on the Policy Specification Page; or
2. The date the Policy Terminates; or
3. The date a Nonforfeiture Option under the Policy, if any, becomes effective; or
4. The date when we receive a Written Request from You to Terminate this Rider or the Policy; or
5. The Policy Anniversary Date following the Insured's 65th birthday, or
6. The date any Accelerated Benefit is paid under the Policy or any attached Rider; or
7. The date of the Insured's death.

Signed for us at our Home Office.



SECRETARY



PRESIDENT

<i>SERFF Tracking Number:</i>	<i>AEGB-125650017</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39078</i>
<i>Company Tracking Number:</i>	<i>CRT02 0408; CRT03 0408</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>CRT02 0408; CRT03 0408</i>		
<i>Project Name/Number:</i>	<i>CRT02 0408; CRT03 0408/Critical Illness Accelerated Death Benefit Rider</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGB-125650017 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 39078
Company Tracking Number: CRT02 0408; CRT03 0408
TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
Product Name: CRT02 0408; CRT03 0408
Project Name/Number: CRT02 0408; CRT03 0408/Critical Illness Accelerated Death Benefit Rider

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 05/16/2008

Comments:

Attachments:

AR - Bulletin 11-83.pdf
AR - Cert of Compliance 23-79-138.pdf
AR - Cert of Regulation 49.pdf
AR - Rule and Regulation 19.pdf

Review Status:

Bypassed -Name: Application 05/16/2008

Bypass Reason: N/A - Rider filing

Comments:

Review Status:

Satisfied -Name: Life & Annuity - Acturial Memo 05/16/2008

Comments:

Attachments:

CRT02 Memo.pdf
CRT03 Memo.pdf

Review Status:

Satisfied -Name: Disclosure Form 05/20/2008

Comments:

Provided for informational purposes only.

Attachment:

ACCDISC0408T.pdf

Review Status:

Satisfied -Name: Flesch Score 05/20/2008

Comments:

Attachment:

<i>SERFF Tracking Number:</i>	<i>AEGB-125650017</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39078</i>
<i>Company Tracking Number:</i>	<i>CRT02 0408; CRT03 0408</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>CRT02 0408; CRT03 0408</i>		
<i>Project Name/Number:</i>	<i>CRT02 0408; CRT03 0408/Critical Illness Accelerated Death Benefit Rider</i>		

Flesch Score Generic.pdf

BULLETIN 11-83
STATE OF ARKANSAS

Form Number:

Date:

I hereby certify that the accompanying life product is in compliance with Bulletin 11-83.

**CERTIFICATION OF
ARKANSAS INSURANCE CODE
23-79-138**

Policy Number:

Date:

I hereby certify that the accompanying life product is in compliance with Arkansas Insurance Code 23-79-138.

CERTIFICATION OF REGULATION 49
STATE OF ARKANSAS

Form Number:

Date:

This is submitted in Compliance with Regulation 49 of the Arkansas Insurance Code.

I hereby certify that the accompanying life product is in compliance with Regulation 49 in that a Life and Health Guaranty Association notice will be given to each policy owner at the time of issue.

RULE AND REGULATION 19
STATE OF ARKANSAS

Form Number:

Date:

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

ACTUARIAL MEMORANDUM

Rider Form: CRT02 0408

SCOPE AND PURPOSE

This filing is for a new rider form.

BENEFIT DESCRIPTION

This rider provides a one-time accelerated death benefit upon the diagnosis of a covered critical illness condition. Upon acceleration the death benefit of the base life insurance policy is reduced by the amount of the critical illness benefit that is elected. The list of covered conditions includes:

- Heart Attack
- Stroke
- Cancer
- End-stage Renal Disease
- Major Organ Transplant
- Accidental Paralysis

The rider will be added to term policies with an initial level premium period of 10, 15, 20 or 30 years. The minimum issue amount will be \$10,000 and the maximum issue amount will be \$100,000. Benefits are not available for new conditions that occur in the first 30 days or for pre-existing conditions in the first two years following issue of this rider. The benefit period for the rider is limited to the earlier of the initial level premium period of the base policy or age 65. Premiums are guaranteed level for the 1st year and may double thereafter on a class basis.

RENEWABILITY

The rider is guaranteed renewable for the coverage period of the rider with the company reserving the right after the first year to adjust premiums to up to two times the initial premium on a class basis. No change in premium can be made during the first year.

MARKETING

The rider will be marketed to individuals through both brokers and an agency force.

UNDERWRITING

The rider will be fully underwritten in accordance with the company's standard practices.

ISSUE AGE RANGE AND PREMIUM CLASSES

The coverage will be sold to persons ages 18 through 55. The premiums will be gender and non-tobacco/tobacco distinct.

RESERVES

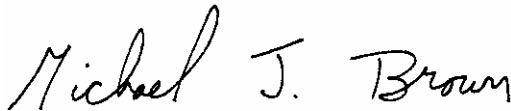
Reserve Method: 2 Year Full Preliminary Term
Morbidity: 125% of expected aggregate claim costs
Interest Rate: Statutory – 4.0% Level
Tax – 4.06% Level.

LOSS RATIO

The anticipated loss ratio over the full coverage period of the policy is 56.9% (see Appendix A). The loss ratio is calculated as the present value of rider incurred claims and change in rider reserve divided by the present value of rider gross premiums.

CERTIFICATION

I certify that, to the best of my knowledge and belief, this rate filing provides benefits that are reasonable in relation to the premiums charged and complies with the laws and regulations of the state in which it is filed.



03/24/2008

Michael J. Brown, FSA, MAAA
Senior Actuary

Date

APPENDIX A

LOSS RATIO BY DURATION
RIDER FORM: CRT02 0408
COMPLETE PRICING MODEL
ALL TERM PERIODS

<u>DUR</u>	<u>Total Premium</u>	<u>PV of Premium</u>	<u>Benefits Paid</u>	<u>Increase in Reserves</u>	<u>Total Claim Cost</u>	<u>PV of Claim Cost</u>	<u>Loss Ratio</u>
1	903,955	903,955	139,820	235,957	375,777	368,480	40.8%
2	769,311	739,722	195,502	232,349	427,851	403,406	54.5%
3	672,546	621,807	219,307	460,818	680,125	616,603	99.2%

4	610,147	542,418	242,622	172,615	415,237	361,976	66.7%
5	566,465	484,217	273,279	97,438	370,717	310,737	64.2%
6	529,133	434,909	292,955	33,790	326,745	263,345	60.6%
7	495,519	391,616	316,381	(24,554)	291,827	226,156	57.7%
8	464,058	352,646	326,070	(62,190)	263,880	196,633	55.8%
9	435,138	317,951	329,627	(95,997)	233,630	167,396	52.6%
10	408,420	286,950	335,725	(137,560)	198,165	136,524	47.6%
11	151,445	102,311	114,303	(153,144)	(38,841)	(25,730)	-25.1%
12	143,299	93,084	118,535	(29,426)	89,109	56,759	61.0%
13	135,670	84,739	123,311	(41,862)	81,449	49,885	58.9%
14	128,526	77,189	124,463	(52,041)	72,422	42,650	55.3%
15	121,841	70,360	126,923	(75,133)	51,790	29,327	41.7%
16	97,953	54,390	106,922	(57,422)	49,500	26,952	49.6%
17	92,842	49,569	110,637	(69,294)	41,343	21,645	43.7%
18	87,937	45,145	114,964	(79,931)	35,033	17,636	39.1%
19	83,234	41,087	117,022	(89,791)	27,231	13,181	32.1%
20	78,728	37,368	119,821	(128,915)	(9,094)	(4,233)	-11.3%
21	8,591	3,921	11,776	(22,408)	(10,632)	(4,758)	-121.4%
22	8,169	3,585	12,216	(8,185)	4,031	1,735	48.4%
23	7,763	3,276	12,719	(9,224)	3,495	1,446	44.1%
24	7,375	2,992	12,828	(10,023)	2,805	1,116	37.3%
25	7,004	2,732	13,071	(10,971)	2,100	803	29.4%
26	6,648	2,494	13,441	(12,064)	1,377	507	20.3%
27	6,306	2,275	13,899	(13,299)	600	212	9.3%
28	5,978	2,073	14,439	(14,423)	16	5	0.3%
29	5,663	1,888	14,693	(15,464)	(771)	(252)	-13.4%
30	<u>5,361</u>	<u>1,719</u>	<u>15,055</u>	<u>(19,645)</u>	<u>(4,590)</u>	<u>(1,443)</u>	<u>-84.0%</u>
	7,045,025	5,758,387	3,982,326	1	3,982,327	3,278,698	56.9%

ACTUARIAL MEMORANDUM

Rider Form: CRT03 0408

SCOPE AND PURPOSE

This filing is for a new rider form.

BENEFIT DESCRIPTION

This rider provides a one-time accelerated death benefit upon the diagnosis of a covered critical illness condition. Upon acceleration the death benefit and return of premium benefit of the base life insurance policy are reduced by the amount of the critical illness benefit that is elected. The list of covered conditions includes:

- Heart Attack
- Stroke
- Cancer
- End-stage Renal Disease
- Major Organ Transplant
- Accidental Paralysis

The rider will be added to return-of-premium term policies with an initial level premium period of 20 or 30 years. The minimum issue amount will be \$10,000 and the maximum issue amount will be \$100,000. Benefits are not available for new conditions that occur in the first 30 days or for pre-existing conditions in the first two years following issue of this rider. The benefit period for the rider is limited to the earlier of the initial level premium period of the base policy or age 65. Premiums are guaranteed level for the 1st year and may double thereafter on a class basis.

RENEWABILITY

The rider is guaranteed renewable for the coverage period of the rider with the company reserving the right after the first year to adjust premiums to up to two times the initial premium on a class basis. No change in premium can be made during the first year.

MARKETING

The rider will be marketed to individuals through both brokers and an agency force.

UNDERWRITING

The rider will be fully underwritten in accordance with the company's standard practices.

ISSUE AGE RANGE AND PREMIUM CLASSES

The coverage will be sold to persons ages 18 through the lower of the base policy maximum issue age or age 55. The premiums will be gender and non-tobacco/tobacco distinct.

RESERVES

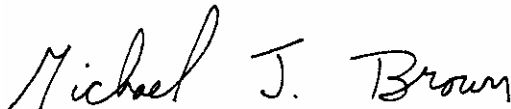
Reserve Method: 2 Year Full Preliminary Term
Morbidity: 125% of expected aggregate claim costs
Interest Rate: Statutory – 4.0% Level
Tax – 4.06% Level.

LOSS RATIO

The anticipated loss ratio over the full coverage period of the policy is 82.9% (see Appendix A). The loss ratio is calculated as the present value of rider incurred claims and change in rider reserve divided by the present value of rider gross premiums.

CERTIFICATION

I certify that, to the best of my knowledge and belief, this rate filing provides benefits that are reasonable in relation to the premiums charged and complies with the laws and regulations of the state in which it is filed.



03/24/2008

Michael J. Brown, FSA, MAAA
Senior Actuary

Date

APPENDIX - A

LOSS RATIO BY DURATION RIDER FORM: CRT03 0408 COMPLETE PRICING MODEL ALL TERM PERIODS

<u>DUR</u>	<u>Total Premium</u>	<u>PV of Premium</u>	<u>Benefits Paid</u>	<u>Maturity / Surrender</u>	<u>Increase in Reserves</u>	<u>Total Claim Cost</u>	<u>PV of Claim Cost</u>	<u>Loss Ratio</u>
1	5,343,812	5,343,812	422,708	-	2,625,263	3,047,971	2,988,781	55.9%
2	4,907,099	4,718,364	635,747	-	1,077,559	1,713,306	1,615,418	34.2%
3	4,526,054	4,184,591	745,011	-	2,583,410	3,328,421	3,017,553	72.1%

4	4,211,204	3,743,745	840,824	-	1,038,279	1,879,103	1,638,075	43.8%
5	3,870,972	3,308,923	932,823	-	709,335	1,642,158	1,376,464	41.6%
6	3,570,711	2,934,864	980,770	31,224	464,787	1,476,781	1,190,235	40.6%
7	3,315,054	2,619,935	1,042,510	95,666	231,660	1,369,836	1,061,578	40.5%
8	3,078,141	2,339,134	1,058,875	179,490	511,790	1,750,155	1,304,147	55.8%
9	2,826,067	2,064,979	1,054,866	260,248	471,761	1,786,875	1,280,297	62.0%
10	2,661,886	1,870,206	1,056,359	300,924	981,332	2,338,615	1,611,172	86.1%
11	2,078,436	1,404,117	837,345	354,639	1,483,091	2,675,075	1,772,091	126.2%
12	1,962,852	1,275,031	862,638	388,711	1,317,312	2,568,661	1,636,151	128.3%
13	1,857,804	1,160,379	890,423	454,620	1,114,304	2,459,347	1,506,271	129.8%
14	1,757,902	1,055,750	892,731	465,243	1,120,341	2,478,315	1,459,508	138.2%
15	1,667,273	962,809	903,533	496,790	1,001,062	2,401,385	1,359,810	141.2%
16	1,585,810	880,544	925,176	570,842	1,153,069	2,649,087	1,442,379	163.8%
17	1,510,634	806,540	954,724	620,951	1,206,849	2,782,524	1,456,763	180.6%
18	1,443,065	740,831	993,003	662,102	1,189,533	2,844,638	1,432,002	193.3%
19	1,382,119	682,253	1,014,440	709,773	1,392,143	3,116,356	1,508,448	221.1%
20	1,325,399	629,091	1,045,015	17,923,346	(15,852,675)	3,115,686	1,450,119	230.5%
21	417,935	190,740	355,470	257,751	365,827	979,048	438,148	229.7%
22	399,421	175,279	370,657	278,489	497,697	1,146,843	493,500	281.6%
23	381,573	161,007	387,806	272,567	501,839	1,162,212	480,878	298.7%
24	365,511	148,297	394,177	238,777	534,876	1,167,830	464,618	313.3%
25	352,535	137,531	407,602	254,879	520,646	1,183,127	452,600	329.1%
26	339,878	127,494	425,432	270,470	504,116	1,200,018	441,405	346.2%
27	327,508	118,129	446,433	285,480	485,326	1,217,239	430,519	364.4%
28	315,399	109,386	470,720	299,839	464,247	1,234,806	419,935	383.9%
29	303,527	101,219	486,129	313,524	442,499	1,242,152	406,186	401.3%
30	<u>291,928</u>	93,607	<u>505,539</u>	<u>10,987,633</u>	<u>(10,137,279)</u>	<u>1,355,893</u>	426,326	455.4%
	58,377,509	44,088,589	22,339,486	36,973,978	(1)	59,313,463	36,561,378	82.9%



CRITICAL ILLNESS ACCELERATED DEATH BENEFIT DISCLOSURE FORM

The Accelerated Benefit is paid to the Owner during the lifetime of the Insured. This benefit will be paid in lieu of payment of the full Death Benefit of the Policy upon death of the Insured.

CRITICAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

Benefits may be elected under this Rider if the Insured has been diagnosed with a covered condition as defined in the rider. The conditions covered under this Rider are:

- 1. Myocardial Infarction (Heart Attack)** means the death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply. Diagnosis must be based on the occurrence of all of the following during the period of Hospital Confinement for the condition: 1. Prolonged chest pain; 2. New EKG changes consistent with a Myocardial Infarction; and 3. Elevation of cardiac enzymes to levels that the American Medical Association finds consistent with a Diagnosis of a Myocardial Infarction. Myocardial Infarction does not include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous Myocardial Infarction. The Diagnosis of Myocardial Infarction must be made by a Physician who is a board-certified cardiologist or internist.
- 2. Stroke** means a cerebrovascular incident caused by hemorrhage, embolism or thrombosis producing a measurable neurological deficit, persisting continuously for at least thirty (30) days following the occurrence of the Stroke. The Diagnosis of Stroke must be made by a Physician who is a board-certified neurologist. For purposes of coverage under this Rider, Stroke does not include:
 - a. Neurological symptoms due to transient ischemic attacks.
 - b. Cerebral symptoms due to migraine.
 - c. Cerebral injury resulting from trauma or hypoxia.
 - d. Vascular disease affecting the eye, optic nerve, and vestibular function.
- 3. Life-Threatening Cancer** means a malignant neoplasm (including hematological malignancy) characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal tissue, which is not hereafter specifically excluded. The Diagnosis of Life-Threatening Cancer must be made by a Physician who is a board-certified specialist acting within his or her specialty and supported by histological evidence of malignancy and confirmed by one or more pathological specimens. For purposes of coverage under this Rider, Life-Threatening Cancer does not include:
 - a. All skin cancers with the exception of invasive melanoma. An invasive melanoma is one that is classified as Clark Level II or higher or has a thickness measured in excess of 1.0 mm.
 - b. Tumors in the presence of HIV.
 - c. Carcinoma in situ (such as cervical dysplasia).
 - d. Benign tumors or polyps that are histologically described as pre-malignant or non-malignant (such as intraepithelial neoplasia).
 - e. Non-life threatening cancers (such as early prostate cancer diagnosed as T1N0M0 or equivalent staging or papillary micro cancer of the thyroid or bladder).
 - f. Stage one (1) Hodgkin's disease.
- 4. End-Stage Renal Disease** means the chronic and irreversible failure of both of the kidneys which requires treatment with regular dialysis or transplantation. The Diagnosis of End-Stage Renal Disease must be made by a Physician who is a board certified nephrologist.

5. Major Organ Transplant means either of the following:

- a. The actual undergoing of transplantation in the United States due to clinical evidence of Major Organ Failure that requires the malfunctioning organ of the Insured to be replaced with an organ from a suitable donor other than the Insured under generally accepted medical procedures. A transplant must be performed by a Physician who is board-certified in a specialty that deals principally with the treatment of the condition that is being treated by the transplant; or,
- b. The Insured demonstrates Major Organ Failure and is registered with and on the waiting list of the United Network for Organ Sharing or its recognized successor for a human to human replacement of the failing organ.

The organs covered under the definitions of Major Organ Transplant are limited to the entire heart, the liver, a lung, a kidney, the pancreas or bone marrow. For purposes of coverage under this Rider, Major Organ Transplant does not include a transplant involving an artificial or non-human organ or tissue.

6. Accidental Paralysis/Paraplegia means the total, irrecoverable, and permanent loss of use of two (2) or more limbs through neurological damage, which is the result of an accidental injury. Paralysis must exist for a continuous period of at least 180 days from the time Paralysis begins, and be Diagnosed by a legally qualified Physician who is a board certified neurologist. A limb means a complete arm (below the shoulder) or complete leg (below the hip) of the Insured.

Paralysis that is the result of any disease or disorder is not eligible for a benefit payment under this Rider.

No Accelerated Benefit will be paid under this Rider for any covered condition that occurs on or before the 30th day following the Effective Date of the Rider.

No Accelerated Benefit will be paid under this Rider for any covered condition that directly or indirectly results from self-inflicted injury or attempted suicide.

The Owner may elect to receive only a portion of the benefit available under this Rider.

Accelerated Benefits are paid as a lump sum.

If applicable, the benefit will first be used to reduce any outstanding debt that is due to us. The Rider benefit will never exceed 50% of the Death Benefit.

The Insured's Death Benefit in force will be reduced when the Accelerated Benefit is paid. The reduction will equal the portion of the Death Benefit that is accelerated on the election date. The death benefit, and if applicable, the Policy Value and Indebtedness under the Policy will be reduced by the amount of the acceleration.

If the policy can build Cash Value or allows Policy Loans, consider the following situation as an example of the impact that election of Accelerated Benefits has on Policy values:

Prior to Election		Following Election of 50% of Death Benefit	
Death Benefit	= \$200,000	Remaining Death Benefit	= \$100,000
Cash Value	= 80,000	Remaining Cash Value	= 0
Outstanding Debt	= 50,000	Remaining Outstanding Debt	= 0
Annual Premium	= 4,000	Revised Annual Premium	= 2,000

Dollar values showing specific impact that acceleration will have on your Policy values will be provided when you apply for Accelerated Benefits.

Payment of Accelerated Benefits will reduce the Death Benefit otherwise payable under the Policy. Receipt of Accelerated Benefits may be a taxable event. You may want to consult your personal tax advisor to determine the tax status of any benefits paid under these Riders.

Date

Owner's (Applicant's) Signature

Agent's Signature

FLESCH READABILITY CERTIFICATION

Form Number (may vary by state)

Flesch Score

CRT02 0408

51.2

CRT03 0408

50.5

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

Cheryl Bock, Assistant Vice President of Contract Development